F03000005448

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP		MAIL
		
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Special Instructions to	Filing Officer:	





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and Carrier

DIVISION OF CHARGOS 59



200 West Adams Street, Suite 2007 Chicago, IL 60606; (312) 346-3606. (800) 934-2556-Fax: (312) 346-3607

October 26, 2009

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State PO Box 6327 Tallahassee, FL 32314

RE: Zonin U.S.A., Inc.

Dear Sir or Madam:

Enclosed are one original and one copy of the forms necessary to change the registered agent and registered office for the above captioned entity, together with a check for the required filing fee.

Please file with your office and return the duplicate copy "file stamped" as evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely

Laura L. Lightholder

enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	of the corporation:	Zonin U.S.A., Inc.	
	pal office address: 630 Peter Jefferson Park		
	Charlottesville, VA 229		,
3. The mailin	g address (if different):		
4. Date of inc	corporation/qualification: 11/3/2003	Document number: F030000054	448
5. The name	and street address of the current registered appartment of State:		
	CT Corporation System		
	1200 South Pine Island Road		og oct 30
	Plantation, FL 33324		CT 3
6. The name (if changed	and street address of the new registered ager i): NRAI Services, Inc.	t (if changed) and /or registered office	0 AM 10: 59
	2731 Executive Park Drive,	Suite 4	
	(P.O. Box NOT acceptable) Weston, FL 33331		
-	dress of its registered office and the street will be identical.		
\mathcal{N}	was authorized by resolution duly adopted y the board, or the corporation has been no	George O'Meara, VP/Treasurer	er so
I havabu aaa	ept the appointment as registered agent an ee to comply with the provisions of all stat and I am familiar with and accept the obl being filed merely to reflect a change in th has been notified in writing of this change	utes relative to the proper and complete igation of my position as registered ager le registered office address, I hereby con	performance nt. Or, if this ifirm that the

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)